

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

106591202

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		8				
4		8				
5		8				
6		8				
7		0				
8	1					
9		1				
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
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49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	11		←		←	←
TOTAL CLAIMS	12					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.			←		←	←
TOTAL CLAIMS						